

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	103 / 831754	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
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28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39			i			
40			i			
41				i		
42				i		
43			i			
44			i			
45						
46				i		
47				i		
48			i			
49			i			
50			i			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51				i	
52				i	
53				i	
54				i	
55				i	
56				i	
57				i	
58				i	
59				i	
60				i	
61				i	
62				i	
63				i	
64				i	
65				i	
66				i	
67				i	
68				i	
69				i	
70				i	
71				i	
72				i	
73				i	
74				i	
75				i	
76				i	
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.				i 4	
TOTAL DEP.				i 4	
TOTAL CLAIMS				24	
				38	